DE	First Named Inv nt r Robert F. Day, et al										
PATENT A	COMPLETE IF KNOWN										
(37 C	Application Numb	er	To be assigned								
Declaration submitted	Declarati	on d after Initial	Filing Date		Concurrently herewith						
with Initial Filing	Filing (su	ırcharge	Group Art Unit	.	To be assigned						
·g	required)		Examiner Name		To be assigned						
As a below named inven	tor. I hereby dec	lare that:									
My residence, post office a			ated below next to my na	me.	•						
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:											
63 Adrenergic Receptor Agonists and Uses Thereof											
			itle of the Invention)		· · ·						
the specification of which			and of the antendory	·							
is attached hereto OR		•		•							
was filed on (MM/D	D/YYYY) [as United	States Application	Number or PCT Intern	national					
					Gf applicab	10)					
Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as											
amended by any amendme	ent specifically re	eferred to above.	cina of the above recitati								
I acknowledge the duty to	disclose informat	tion which is mat	terial to patentability as de	efined in 37 CFR	1.56.						
I hereby claim foreign prior		•				entor's					
contificate or 365(a) of an	v PCT internation	nal application w	hich designated at least o	one country othe	r than the United St	ates of					
America, listed below and or of any PCT international	have also identifi I application havi	ied below, by choing a filing date b	ecking the box, any foreign before that of the applicati	ion on which pric	r patent or inventors writy is claimed.	ceruncate,					
Prior Foreign Application Number(s)	gn Application		oreign Filing Date (MM/DD/YYYY)	Priority Not Claimed		py Attach d?					
Humber(s)	- Count	-				П					
					-						
	·										
						<u> </u>					
☐ Additional foreign applica	tion numbers are	e listed on a sup	plemental priority data sh	eet PTO/SB/02E	attached hereto:						
I hereby claim the benefit of	under 35 U.S.C.	119(e) of any Ur	nited States provisional a	pplication(s) liste	ed below:						
			Date (MM/DD/YYYY)								
60/242,274 October											
				numbers are listed on a supplemental priority data sheet							

BEST AVAILABLE COPY

EXPRESS MAIL NO. EUD 7/829614US

PTO/SB/02B sheet attached hereto.

rk Office: U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box —													
DECLARATION Utility or Design Patent Application													
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 U.S.C. 1.56, which became available between the filing date of the prior application and the national or PCT International filing date of this application.													
U.S. Parent Applicati n	Parent I	ent Filing Date Parent Patent No M/DD/YYYY) (if applicable						er					
Additional U.S. or PCT International application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.													
Additional c.S. of 1 C1 international control of the Patent As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Place Customer										_]			
	rademark Office connected therewith:								Number Bar Code Label here				
Registered practitioner(s) name/registration number listed below													
Name			Registration Number	-			ame				gistration Number		
Dates C. Bishardson			27,526		Lawr	ence C.	Aker	s			28,587		
Peter C. Richardson			28,718	•		ean Olso			1	31,185			
Paul H. Ginsburg J. Trevor Lumb			28,567			in E. Br				32,723			
James T. Jones			30,561		Vale	rie M. Fe	edowi	ch			33,688		
Gregg C. Benson	* .	٠.	30,997			n C. Zie			İ		34,462	!	
Robert F. Sheyka			31,304		Robe	ert T. Ro	nau		.		36,257		
Grover F. Fuller Jr.		·	31,760			mothy C		an	Į.		39,156	Į.	
Karen DeBenedictis		,	32,977			L. Kolle					37,371	· ·	
Lorraine B. Ling		٠	35,251			ne W. Al					35,428	ı	
Garth Butterfield			36,997			ina L. K		S			37,864		
Carl J. Goddard			39,203			H. Jaco					32,140		
Raymond M. Speer			26,810		Martha A. Gammill					31,820			
Jennifer A. Kispert			40,049		Gregory P. Raymer			- 1		36,647			
Israel Nissenbaum			27,582 44,222		E. Victor Donahue					35,492			
Deborah A. Martin					Todd M. Crissey			- 1		37,807			
A. David Joran					Roy F. Waldron			Ì	42,208 41,406				
Elsa Djuardi					Adrian G. Looney						41,406		
Gabriel L. Kleiman			40,681 37,895		Jeffrey N. Myers					41,213 36,271			
Arlene K. Musser	Arlene K. Musser				Michelle A. Sherwood Martha G. Munchhof					47,811			
Donna R. Grossu	İ	47,284		Raymond D. Thompson			1		30,695				
Allen J. Spiegel			25,749 41,597		Raymond B. Thompson			ŀ		00,000			
Robert T. Barker		<u> </u>					boot D	TOVERVO	2C attac	shed bereto			
Additional registered				ered Prac	titioner int	ornation s	neet P				•	holow.	
Direct all correspondenc	istomer Nur Bar Code I			OR 🗵			<u> </u>	Correspondence addr ss below					
Name Gregg C. E	Benson												
Address Pfizer Inc.			·								17.		
Address Patent De	partment, MS 41	159, Eastem						-: -		00040			
City Groton	State				CT Zip Co			ode 06340 1-(860)-441-5221					
	tes Of America		elephone										
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor: A petition has been filed for this unsigned inventor													
Given Name (first and middle [if any]) Family Name or Sumame													
Robert F. Day													
Inventor's	or's Per (It)				Dat						16 Cafe Ze	©)	
Signatur Residenc : City	Groton	<u>ر بر</u>	State CT Country USA Citizenship USA										
Post Office Address		an Street E	xt., Apt. 10										
Post Office Address	1												
City	Groton	State	e CT	Zip	0634	0	Cou	ntry	USA				

Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attach d hereto.



ADDITIONAL INVENTOR(S) Supplemental Sh et

Name of Additional Joint Invent r, if any: A petition has been filed for this unsigned inventor											
Given Name (first and middle [if any])						Family Name or Surname					
Jennifer A.					Lafontaine						
Inventor's Signature	Jenni fer Jafort			anie			Date	10/15/01			
Residence: City	Mystic	U		State	СТ	Country	USA	Citizenship	USA		
Post Office Address	443 Judson Av	enue									
Post Office Address											
City	Mystic	Stat	te	СТ	Zip	06355	Country	USA			
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Name (f	first and middle [i	f any]))		Family Name or Surname						
				1							
Inventor's Signature							н	Date			
Residence: City	Sta			State	1	Country		Citizenship			
Post Office Address				L	1	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	1			
Post Office Address											
City		Stat	е		Zip Country						
Name of Additional Joint	Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										
Given Name (fi	irst and middle [if	any])			Family Name or Sumame						
Inv ntor's Signature								Date			
Residence: City	State Country Citizenship										
P st Office Address											
Post Office Address											
City		State	е		Zip		Country				
Name of Additional Joint	Inventor, if any	: 1		A petiti	on has bee	en filed for this	unsigned inver	itor			
Given Name (fi	irst and middle [if	any])					Family Name	or Surname			
Inventor's Signature								Date	7		
Residence: City				State		Country		Citizenship			
Post Office Address											
P st Office Address											
City		State	е	-	Zip		Country				
·····					^						

pc11008

BEST AVAILABLE COPY